

Qualification of Dental Surgeon Training for Comprehensive Patient Care

Qualificação da Formação do Cirurgião Dentista para a Atenção Integral do Paciente

Formación de Cirujano Dentista para la Atención Integral al paciente

RESUMO

Objetivo: Discutir aspectos da formação do cirurgião-dentista que contribuem para a atenção integral do paciente. **Método:** Foram consultadas as bases de dados *Scientific Electronic Library Online*, Google Acadêmico e Biblioteca Virtual em Saúde. Os descritores aplicados foram: Sistema de Aprendizagem em Saúde; Educação em Odontologia e Terapias Complementares. **Resultados:** Há uma escassez de abordagens teórico-práticas nos currículos de formação dos cirurgiões-dentistas sobre essa temática. O desafio do ensino das Práticas Integrativas e Complementares são principalmente o de ampliá-lo, qualificá-lo e integrá-lo aos demais conteúdos relacionados ao cuidado. **Conclusão:** Urge que se fomente discussões acerca da ampliação do conceito de saúde, introduzindo o contexto biopsicossocial, e que se subsidiem mudanças curriculares na formação profissional superior em saúde, com vistas ao fortalecimento das Práticas Integrativas e Complementares no Sistema Único de Saúde.

DESCRIPTORES: Educação em odontologia; Odontologia integrativa; Sistema de aprendizagem em saúde; Terapias complementares.

ABSTRACT

Objective: To discuss aspects of dentist training that contribute to comprehensive patient care. **Method:** The Scientific Electronic Library Online, Google Scholar, and Virtual Health Library databases were consulted. The descriptors applied were: Health Learning System; Education in Dentistry and Complementary Therapies. **Results:** There is a shortage of theoretical and practical approaches in the training curricula for dentists on this topic. The challenge of teaching Integrative and Complementary Practices is mainly to expand, qualify, and integrate it with other content related to care. **Conclusion:** It is urgent to encourage discussions about the expansion of the concept of health, introducing the biopsychosocial context, and to support curricular changes in higher professional training in health, with a view to strengthening Integrative and Complementary Practices in the Unified Health System.

DESCRIPTORS: Dental education; Integrative dentistry; Health learning system; Complementary therapies.

RESUMEN

Objetivo: Discutir aspectos de la formación del odontólogo que contribuyan a la atención integral del paciente. **Método:** Se consultaron las bases de datos *Scientific Electronic Library Online*, Google Scholar y Virtual Health Library. Los descriptores aplicados fueron: Health Learning System; Educación en Odontología y Terapias Complementarias. **Resultados:** Existe una escasez de enfoques teórico-prácticos en los programas de formación de los odontólogos sobre esta temática. El desafío de enseñar Prácticas Integrativas y Complementarias es principalmente ampliarla, cualificarla e integrarla con otros contenidos relacionados con el cuidado. **Conclusión:** Es urgente incentivar discusiones para ampliar el concepto de salud, introduciendo el contexto biopsicossocial, y apoyar cambios curriculares en la formación profesional superior en salud, con vistas al fortalecimiento de las Prácticas Integrativas y Complementarias en el Sistema Único de Salud.

DESCRIPTORES: Educación en odontología; Odontología integrativa; Sistema de aprendizaje en salud; Terapias complementarias.

RECEIVED: 04/16/2025 APPROVED: 05/07/2025

How to cite this article: Luisi SB. Qualification of Dental Surgeon Training for Comprehensive Patient Care. *Saúde Coletiva* (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];15(95):15860-15871. Disponível em: DOI: 10.36489/saudecoletiva.2025v15i95p15860-15871

**Simone Bonato Luisi**

Associate Professor at the School of Dentistry, Federal University of Rio Grande do Sul (UFRGS)

ORCID: <https://orcid.org/0000-0003-0951-0499>

INTRODUCTION

The National Curricular Guidelines (DCNs) for the Undergraduate Course in Dentistry, promulgated by the National Education Council of the Ministry of Education, in 2021¹, govern a set of guidelines for the training of professionals in the field of Dentistry. Comprehensive health care is one of the pillars of this training, which advocates that teaching should be student-centered.

Since 1948, the World Health Organization (WHO) has defined health as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”² However, it was from 2002 onwards that the WHO intensified its encouragement of the incorporation of the practice of Traditional Medicine/Complementary/Alternative Medicine into the health systems of Member States.³ This strategy was updated for the 2014-2023 period with the same objective of “Stimulating the development of policies for the implementation of traditional medicine in maintaining the health of individuals”.⁴

In Brazil, the National Policy for Integrative and Complementary Practices (PNPIC) was established in the Unified Health System (SUS), through Ordinance GM/MS N°. 971, in 2006. The PNPIC governs “The implementation and implementation of actions and services related to Integrative and Complementary Practices”.⁵

In turn, the Federal Council of Dentistry (CFO - *Conselho Federal de Odontologia*), through the Forum for the Regulation of Integrative and Complementary Practices for Oral Health (PICSB - *Práticas Integrati-*

vas e Complementares à Saúde Bucal) and through Resolution/CFO 82/2008, gave legal and public identity to the exercise of PICSB by dentists, recognizing its importance in the integral health of individuals.⁶ In 2015, the specialties of Acupuncture and Homeopathy were recognized by the CFO⁷ from the National Assembly of Dental Specialties – ANEO (*Assembleia Nacional de Especialidades Odontológicas*).

Integrative Dentistry represents a new understanding of Dentistry based on the integral vision of the patient, characterized by the organic insertion of Dentistry in the transdisciplinary and holistic universe of health. It requires welcoming listening, seeking to contextualize the individual regarding their lifestyle, genetic and socioeconomic profile.⁸

According to Simões (2020)⁸ the dentistry professional imbued with integrative rationality goes beyond the signs and symptoms of the physical body, associating them with other biological, psychological and social individualities. This practice humanizes the professional-patient relationship, favoring more successful outcomes.

In the July 2024 update, the CFO reports that there are 507 dentists specializing in Acupuncture and 225 specialists in Homeopathy in Brazil, out of a total of 141,438 dentists specializing in 24 specialties.⁹

This study aims to discuss aspects of dental surgeon training that contribute to comprehensive patient care.

METHOD

This is an exploratory and reflective study whose main objective is to discuss aspects of dentist training that

contribute to comprehensive patient care.

To this end, the Scientific Electronic Library Online (SciELO), Google Scholar and Virtual Health Library (VHL) databases were consulted. The health science descriptors applied were: Health Learning System; Education in Dentistry and Complementary Therapies.

Scientific articles related to the topic were selected, in Portuguese and English. Official documents and non-indexed journals were investigated through active search.

RESULTS

The World Health Organization (WHO) has defined health since 1948 as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”² This concept is still valid today and has elevated knowledge to levels that include a harmonious experience, from the physical, mental, emotional, social and spiritual point of view of the individual.

According to the Brazilian Constitution,

health is a right of all and a duty of the State, guaranteed through social and economic policies that aim to reduce the risk of disease and other harm and universal and equal access to actions and services for its promotion, protection and recovery [...] Brazil, 1988¹⁰

The low coverage and high complexity of the health situation in Brazil was discussed at the VII National Health Conference in 1980, highlighting the need for actions to achieve greater coverage by basic health services.¹¹

It was, therefore, from Law 8.080/90¹² that the Unified Health System (SUS) was regulated. The democratic struggle to reduce some inequalities was present in the process

of building the SUS and, in parallel, encouraged deep reflections on the practice of Brazilian dentistry.¹³

The implementation of the SUS generated a broad network of learning opportunities, which, combined with the concept of health defined in the Brazilian Constitution, established fundamental bases for the definition of the National Curricular Guidelines for Courses in the Health Area.¹⁴

Thus, with the need to review dental training, the National Curricular Guidelines (DCNs) for the Undergraduate Course in Dentistry were presented based on Resolution CNE/CES No. 3 of 2002.¹⁵ The profile of the graduate dentist was defined as having a generalist, humanist, critical and reflective education, guided by ethical and legal principles.

The DCNs were updated in 2021 and continue to encourage the process of overcoming the limits of traditional clinical training. They recommend that the pedagogical projects of undergraduate courses in the area of Dentistry understand the SUS as an integral part of academic training in a dialogical interaction between education and health.¹

In Brazil, training in Dentistry has traditionally been based on the Flexnerian Model with an exclusively biological view of disease, centered on curative practices and distanced from actions to promote and prevent diseases.¹³

According to the Flexner Report, prepared by Abraham Flexner, the Flexnerian biomedical paradigm advocated laboratory training in a basic cycle separate from the clinical cycle, encouraging a reductionist approach to knowledge allocated to isolated disciplines.¹⁶

In Dentistry, this influence can be observed in the disciplinary and pedagogical matrices of the courses, where teaching is structured in disciplines by dental specialties, with a focus on research and the dissemination of

sophisticated technology, distanced from external services.¹⁷

According to Pereira (2003)¹³ the training of dentists carries historical, cultural and social traits of an individualistic, curative, technical, specialized and biological practice.

The search for Complementary and Alternative Medicine (CAM) is stimulated by dissatisfaction with the health system, the lack of continuity in care and the search for less invasive treatments, with fewer risks and adverse effects.¹⁸ However, for this increase to occur, changes are necessary in the training of health professionals to include the perspective of comprehensive care and the teaching and practice of CAM in the curricula.¹⁸

The decrease in mortality rates from infectious diseases and the increase in chronic non-communicable diseases (NCDs) linked to living conditions and behavioral factors encouraged the Ministry of Health to launch the Strategic Action Plan to Combat NCDs in 2011. The plan defined guidelines in action areas, one of which was comprehensive care.¹⁹

Mendes and Oliveira (2022)²⁰ point out the need for investments in the area of PICs. Such practices contribute to patient well-being, but the lack of specialized dentists, the scarcity of available publications and the resistance of some professionals and patients need to be overcome.²⁰

The number of qualified dentists or PIC specialists is still small in Brazil, being counted by Da Silva et al. (2023)²¹, in 2,932 professionals. These practices are more recent when compared to other more traditional specialties and, therefore, the increase in the number of qualification/specialization courses in PICs combined with a greater understanding by professionals about their relevance, would be ways to promote such practices in Dentistry.²¹

Feitosa and collaborators (2016)²² found that although 74.7% of den-

tistry students were unaware of the National Policy for Integrative and Complementary Practices, they were in favor of including the content in the curriculum.

Superficial prior knowledge about Integrative and Complementary Practices in Health and interest in learning about it was also reported by Figueiredo et al. 2022²³ in a qualitative study with dentistry students. Although PICs are still incipient in undergraduate courses, their clinical practice is in accordance with the principles of the DCNs, providing patients with comprehensive and humanized care.

In undergraduate courses in Nursing, Medicine and Dentistry at Brazilian public universities, the majority of curricular components (CCs) addressing Integrative and Complementary Practices in Health are optional (61.2%) and only 22% of these CCs present practical activities.²⁴ The importance of mandatory CCs on PICs is increasing since contact with them during the training of health professionals helps to consolidate the theme of comprehensive care for students during their training, especially for those who do not have a preference for these practices.²⁴

A associação entre a utilização das práticas integrativas e o uso regular de serviços odontológicos, por idosos brasileiros com 60 anos ou mais foi observada por Lucas et al. 2022.²⁵ The adoption of PICs can encourage better behaviors, including self-care and oral health care, therefore reflecting in regular attendance at dental services, since the aim is to promote comprehensive health.

Many PICs are based on the vitalist and holistic paradigms. The principle of vitalism is that life is, above all, movement, constant mutation, and that death would be the cessation of this movement on the physical plane. Illness, in this context, is understood as a consequent loss of the rhythm of life, whether due to blockages or due

to the acceleration of this movement.²⁶

In turn, the principle of holism considers the microcosm as a manifest sample of the whole, the macrocosm, both in its constitution and functioning. Illness is understood as the lack of harmony in the complex order present in the universe, due to factors that may be internal or external to the living being itself.²⁶

Eastern medicine is traditionally based on the principles of holism and vitalism and on Integrative Practices. However, in the West, such practices have long remained marginalized in the face of the dominant scientific rationality. Thinking about teaching PICs in university health education in the West was practically inconceivable. Currently, there is a growing presence of these contents in different health courses, including records of even integrated experiences in which these medicines and practices are inserted throughout the curricula, in order to reduce the boundaries in health care.²⁷

DISCUSSÃO

There is a growing interest among the population in PICs, and the WHO and the Brazilian government are encouraging their incorporation into health services. However, it is important that this issue be taken to academic environments.²⁸

It is common knowledge that visits to the dentist tend to cause more anxiety than medical appointments. In this sense, according to Mendes and Oliveira (2022)²⁰ PICs have been gaining strength mainly in combating trauma, anxiety and fear. Therefore, the development and expansion of PICs is essential since they contribute to safe and calm care in addition to improving the quality of life of patients inside and outside the offices.

The organic insertion of PICs in health education requires administrative and institutional cooperation,

which originates from the involvement of teachers, students and the community. The inclusion of PICs in pedagogical projects and curricular matrices requires local resources and respect for cultural values and symbols.²⁹

One aspect of curricular change in the health area is the training of professionals for user-centered health care. However, teaching-service integration foresees the presence of students and teachers in practice settings where health care is still produced under a hegemonic technical care model centered on the procedure.³⁰

According to Albuquerque, 2008³⁰ The procedure-centered healthcare model aims to provide healthcare through the performance of procedures, giving up on the commitment to the needs of users.

According to Franco (2006)³¹ It is necessary to reverse this trend: to replace costly actions, based on specialized and medicalized procedures, with relational actions, based on a welcoming and bonding approach with the user, aiming, as an end, to provide health care and cure for individuals in a health work that defends individual and collective life.

Dentistry cannot do without procedures, since many situations of pain and dental emergencies, for example, require local procedures to be resolved. However, such practice needs to involve welcoming and bonding listening, providing a more affectionate and empathetic relationship.

Traditionally, the practical assessment of undergraduate dentistry students has been structured, among other aspects, on the performance of procedures, which in a certain way provides an immediate, objective and concrete product to be evaluated. The increase in relational actions and integrative dentistry will bring long-term results, which should stimulate a new evaluative thinking that is more procedural and less punctual.

The lack of workload in undergraduate curricula for the inclusion of new teaching activities and the need for qualified human resources are obstacles to be overcome based on the recognition of the comprehensive care model.²⁷

The study, discussion and curriculum planning must be collective so that the product has a representative identity and can be followed and respected by everyone involved.¹⁸

There are numerous advantages when dentistry students have access to different paradigms in health during their training. The focus on health as a human right and as a condition for the physical, mental, emotional, social and spiritual well-being of the individual is an essential factor in the training of a professional capable of promoting the humanization of care in an integrated manner, encouraging self-care and autonomy of individuals, families and communities.

The path is still new and recent for the West, which traditionally has its bases in the biological medicine of the Flexnerian Model.¹³ There are still prejudices and a lack of knowledge about PICs, despite changes in the National Curricular Guidelines (DCN).²⁸

According to Morita (2004)¹⁴ Health problems are always interdisciplinary and the path of multidisciplinary, teamwork and knowledge sharing breaks with the model centered on individual work focused on the disease and not on the individual.

Therefore, in addition to understanding the SUS as a scenario for professional activity and a field of learning, the DCNs of the Undergraduate Course in Dentistry value the training of a professional with skills and competencies for “interprofessional, interdisciplinary and transdisciplinary” work 1, with the purpose of contemplating comprehensive health care.

It is understood that medicines and therapies end up presenting limits in

the vision of the health-illness-care process and that the dialogue of different paradigms and therapeutic models can contribute to raising the standard of comprehensiveness in health practices.²⁷

The integration of PIC content into undergraduate courses in the health field, allowing students to have contact with different paradigms, elevates their training to a plural, critical and reflective context regarding current therapeutic models, qualifying them to better approach the processes

of illness in contemporary society.²⁷

CONCLUSION

The challenge of teaching PICs is mainly to expand, qualify and integrate them with other content related to care. It is urgent to encourage discussions and subsidize curricular changes in higher professional training in health, with a view to strengthening PICs in the SUS.

The paradigm shift that is being investigated does not only require the

updating of concepts and practices in health, but also the discussion of pedagogical practices that adopt the culture of encounter and the feeling of belonging in the training of these professionals.

Considering the increased demand for integrative and complementary practices beyond biomedical rationality, it is emphasized that the subject is not exhaustive in itself, and is an open field for research and future work.

REFERÊNCIAS

1. BRASIL. Conselho Nacional de Educação. Resolução nº 3 de 21 de junho de 2021. DIÁRIO OFICIAL DA UNIÃO. <http://portal.mec.gov.br/docman/junho-2021-pdf/191741-rces003-21/file> Acessado em 18 de julho de 2024.
2. WORLD HEALTH ORGANIZATION. (1948). Constitution of the world health organization. <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1> Acessado em 18 de julho de 2024.
3. WORLD HEALTH ORGANIZATION (WHO) "Estratégia da OMS sobre Medicina Tradicional 2002-2005" https://iris.who.int/bitstream/handle/10665/67314/WHO_EDM_TRM_2002.1_spa.pdf?sequence=1&is-Allowed=y Acessado em 18 de julho de 2024.
4. WORLD HEALTH ORGANIZATION (WHO). 2013. Traditional medicine strategy: 2014- 2023. Geneva: WHO. https://iris.who.int/bitstream/handle/10665/95008/9789243506098_spa.pdf?sequence=1 Acessado em 18 de julho de 2024.
5. BRASIL. Ministério da Saúde. Portaria GM/MS nº 971, de 03 de maio de 2006. https://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt0971_03_05_2006.html Acessado em 19 de julho de 2024.
6. BRASIL. Conselho Federal de Odontologia Resolução nº 82, de 25 de setembro de 2008. Reconhece e regulamenta o uso pelo cirurgião-dentista de práticas integrativas e complementares à saúde bucal. <https://sistemas.cfo.org.br/visualizar/atos/RESOLU%C3%A7%C3%A3O/SEC/2008/82> Acessado em 19 de julho de 2024.
7. BRASIL. Conselho Federal de Odontologia, Resolução nº 160, de 02 de outubro de 2015. Reconhece a Acupuntura, Homeopatia e Odontologia do Esporte como especialidades odontológicas. <https://website.cfo.org.br/wp-content/uploads/2015/11/Resolu%C3%A7%C3%A3o-CFO-160-15-novas-especialidades.pdf> Acessado em 19 de julho de 2024.
8. Simões, S. C. R. (2020). Odontologia integrativa: abordagem sistêmica na odontologia. *Revista Fitos*, 14(3), 407-409.
9. <https://website.cfo.org.br/estatisticas/quantidade-geral-de-cirurgioes-dentistas-especialistas/> Última atualização WSCFO: 19/07/2024. Acessado em 19 de julho de 2024.
10. CONSTITUIÇÃO DA REPÚBLICA FEDERATIVA DO BRASIL, TÍTULO VIII, Da Ordem Social, CAPÍTULO II, Da Seguridade Social, Seção II, Da Saúde. https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm Acessado em 20 de agosto de 2024.
11. BRASIL. 7ª Conferência Nacional de Saúde (CNS), 1980. <https://www.gov.br/conselho-nacional-de-saude/pt-br/centrais-de-conteudo/publicacoes/relatorios/relatorio-final-da-7a-conferencia-nacional-de-saude/view> Acessado em 20 de agosto de 2024.
12. BRASIL. Ministério da Saúde Lei nº 8.080 de 19 de setembro de 1990 https://www.planalto.gov.br/ccivil_03/leis/l8080.htm Acessado em 20 de agosto de 2024.
13. Pereira, D. Q., Pereira, J. C. M., & Assis, M. M. A.

- (2003). A prática odontológica em Unidades Básicas de Saúde em Feira de Santana (BA) no processo de municipalização da saúde: individual, curativa, autônoma e tecnicista. *Ciência & Saúde Coletiva*, 8, 599-609.
14. Morita, M. C., & Kriger, L. (2004). Mudanças nos cursos de Odontologia e a interação com o SUS. *Revista da ABENO*, 4(1), 17-21.
15. BRASIL. Conselho Nacional de Educação. Resolução nº 3 de 19 de fevereiro de 2002. <http://portal.mec.gov.br/cne/arquivos/pdf/CE5032002.pdf> Acessado em 24 de outubro de 2024.
16. Flexner, A. (1910). *Medical Education in The United States and Canada*. The Carnegie Foundation for the Advancement of Teaching.
17. Pelissari, L. D., Basting, R. T., & Flório, F. M. (2005). Reality experience: the development of oral health. *Revista da ABENO*, 5(1), 32-39.
18. Otani, M. A. P., & Barros, N. F. D. (2011). A Medicina Integrativa e a construção de um novo modelo na saúde. *Ciência & saúde coletiva*, 16, 1801-1811.
19. BRASIL. Plano de ações estratégicas para o enfrentamento das doenças crônicas e agravos não transmissíveis no Brasil 2021-2030 https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/svsa/doencas-cronicas-nao-transmissiveis-dcnt/09-plano-de-dant-2022_2030.pdf Acessado em 12 de setembro de 2024.
20. Mendes, M. L., & de Freitas Oliveira, M. (2022). Práticas integrativas e complementares na odontologia. *Arquivos de Ciências da Saúde da UNIPAR*, 26(3).
21. da Silva, M. J. F., de Sousa, P. E. I. L., de Albuquerque, T. M. S. S., de Vasconcelos Catão, M. H. C., & Neto, J. D. A. F. (2023). Cirurgiões-dentistas e as práticas integrativas e complementares à saúde bucal: uma análise por estados e regiões brasileiras. *HU Revista*, 49, 1-9.
22. Feitosa, M. H. A., Soares, L. L., Borges, G. A., Andrade, M. M., & Costa, S. D. M. (2016). Inserção do conteúdo fitoterapia em cursos da área de saúde. *Revista Brasileira de Educação Médica*, 40(2), 197-203.
23. de Figueiredo, R. I., do Vale, M. P. P., & de Moura, R. N. V. (2022). As práticas integrativas e complementares na graduação de odontologia: um estudo qualitativo. *Research, Society and Development*.
24. Rocha, E. M. S., do Nascimento, E. B., Marques, C. A., Passos, L. F., Barreto, L. A. N., do Carmo Souza, R., ... & Fonseca, Y. S. (2022). Mapeamento do ensino de práticas integrativas e complementares nas graduações de Enfermagem, Medicina e Odontologia. *Revista Docência do Ensino Superior*, 12, 1-21.
25. Lucas, A. S., Fagundes, M. L. B., Amaral Júnior, O. L. D., Menegazzo, G. R., & Giordani, J. M. D. A. (2022). Associação entre práticas integrativas e complementares em saúde e uso de serviços odontológicos em idosos no Brasil: estudo transversal, 2019. *Epidemiologia e Serviços de Saúde*, 31, e2022314.
26. Luz, M. T., & Wenceslau, L. D. (2012). A medicina antroposófica como uma racionalidade Médica. In *X Congresso Brasileiro de Medicina Antroposófica. V Simpósio das Terapias Antroposóficas*. Belo Horizonte (Vol. 27).
27. Nascimento, M. C. D., Romano, V. F., Chazan, A. C. S., & Quaresma, C. H. (2018). Formação em práticas integrativas e complementares em saúde: desafios para as universidades públicas. *Trabalho, Educação e Saúde*, 16, 751-772.
28. Gurgel, L. G. D., Jessé, A. R. B., Silva, D. M. A. D., Alencar, P. S. L. L., Jordán, A. D. P. W., & Daniel, N. A. A. (2021). Práticas integrativas e complementares em saúde: interesse da comunidade acadêmica e os desafios do ensino médico. *Revista Brasileira de Educação Médica*, 45, e235.
29. Barros, N. F., Siegel, P., & Otani, M. A. (2011). *O Ensino das Práticas Integrativas e Complementares: experiências e percepções*. São Paulo: Hucitec, 171.
30. Albuquerque, V. S., Gomes, A. P., Rezende, C. H. A. D., Sampaio, M. X., Dias, O. V., & Lugarinho, R. M. (2008). A integração ensino-serviço no contexto dos processos de mudança na formação superior dos profissionais da saúde. *Revista brasileira de educação médica*, 32, 356-362.
31. Franco TB, Merhy EE. (2006) Programa de Saúde da Família (PSF): Contradições de um programa destinado à mudança do modelo tecnoassistencial In: Merhy EE, Magalhães Júnior HM, Rimoli J, Franco TB, Bueno WS. *O trabalho em saúde: olhando e experienciando o SUS no cotidiano*. 3.ed. São Paulo: Hucitec; 2006.p.53-124.